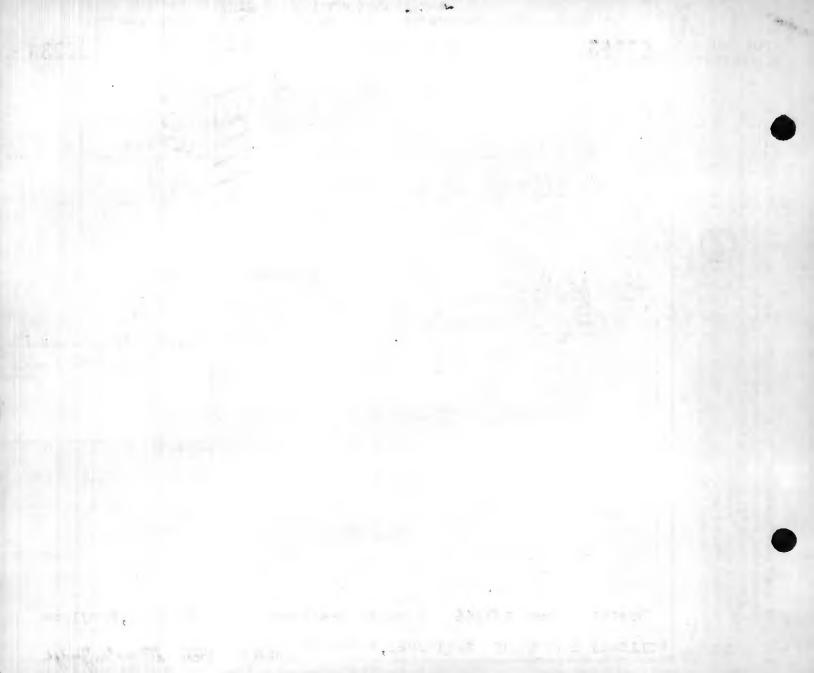
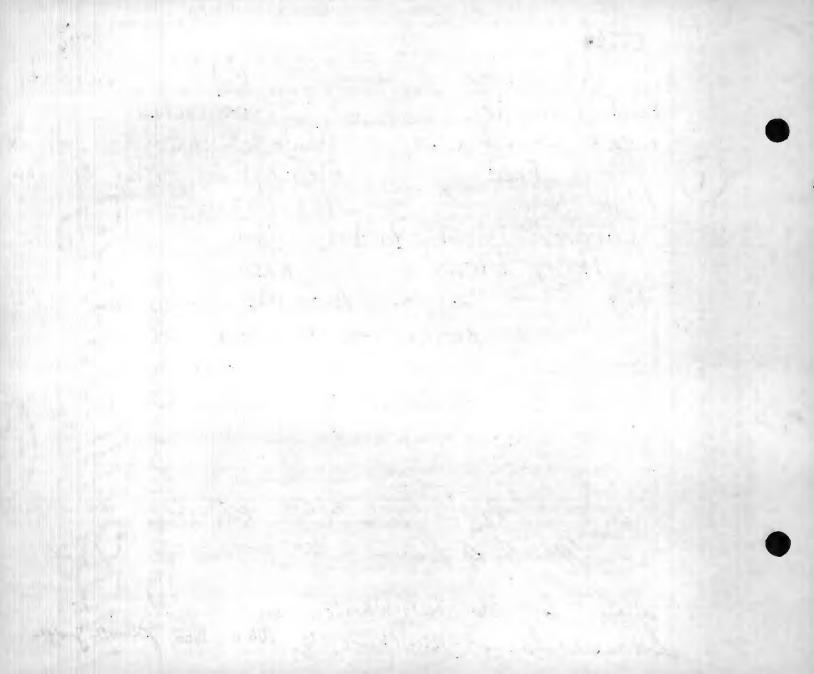
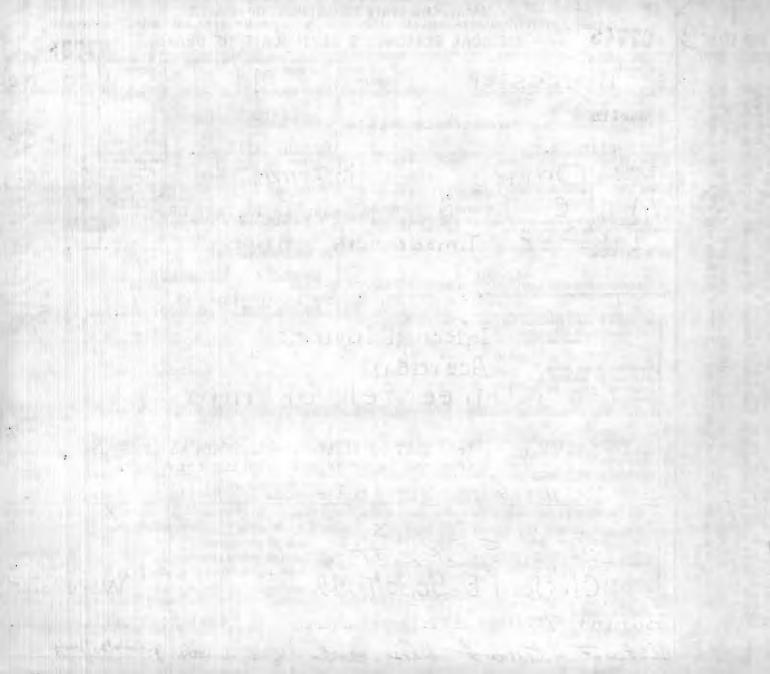
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY 0 ofter deoth. MARYLAND Deportment CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY\_IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) wite RURAL and give pagrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Office along with form ote tem 18. Give Poges 24 hours ofter deoth. 3. NAME OF First Middle 4 DATE Lost Month Year S within 72 DECEASED DEATH S. SEX 6 COLORIOR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE 7. MARRIED NEVER MARRIED (lost birthday) Manths WIDOWED DIVORCED USUAL QCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within File puo WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMANT or removal, (Yes, pa, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per light for buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Ch cremotion, DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 00 buriol. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificote, YES NO prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) PRIMARY I or CONTRIBUTING I phoons CAUSE OF DEATH ogent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page please execute 21. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection deoth resulted from: Natural couses Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (State) 50 June 1/1966 Parsons Cemetery **建设外的** Salisbury, Maryland 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (\$) SALISBURY MARYLAND COMPANY 6M 1/66



	,	1 (	K	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	T AND
1	ď	- N -	4	07744 CERTIFICATE OF DEATH	₹4
	death.	funeral and 2 death:	-	1. PLACE OF DEATH 9. COUNTY 1. OCCUPATION OF DEATH 1. PLACE OF DEATH 1. OCCUPATION OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of Death of De	ce before admission
	after	the fes 1	-	Worcester MARYLAND MARYLAND MOR	cestr
		Pag Urs		b. CITY OR TOWN (If outside corporate limits, write RURAL end g write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (Figural de corporate limits, write RURAL end g	ive nearest town)
	) Por	ed ir ers. 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	in 24	thin thin	00	Koute 2, Clementine St. Koute 2 Clementine ST.	YES NO
	with	completely filled in ove carbon papers.		3. NAME DF DECEASED FIrst Middle Fleming 4. DATE Month Day 3/	11
	nted	ove of	) [	5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years   IF INDER 1 YEAR	19 66 R IF UNDER 24 HRS
	exect	Temp 1		/   GIE   Vegro   WIDOWED   DIVORCED   1709 1/1 1923 42 yrs.	
	pe	sictan ease and in		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. B(RTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	OF WHAT
	cate	physi n ple ral, a		13. FATHER'S NAME; 14. MOTHER'S MAIDEN NAME	(SH)
	ertif	lding physician and Then please remo removal, and in arty	_	Henry Heming Kosa!	
	law requires that the death certificate be executed within 24 hours then any sician.	ne attending ph permit. Then ion, or removal	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, of unknown) (If yes give war or dates of service)	L mi
	e de	the ration	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	ERVAL BETWEEN
	at th	n signed by the burial transit of the burial, crems		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIAC INFADCTION ONS	SET AND DEATH
	ss th	signe irial- irial,		Conditions, If any, which ) (b) GENERALIZED ARTERIOLE SCIEROSE U	140 - T-
	quire	the bu		gave rise to immediate cause (a), stating the DUE TO	MPETER
	law requires that t	has b as t prior		underlying cause last. (c) DIARETIS MEL.	-3 y R S.
	The	use use		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTOPSY PERFORMED? ES NO 4
	AN:	this certificate letached for use Dept. of Health	Ö	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part II of Item 18.)	23 1 110 124
	PHYSICIAN:	is ce ache ept.			404-1-1
		. 0 0		2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work 19 at	(State)
	ATTENDING retained by	eld b	1	h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hat (I) (we) last
	ATTE	Short the		saw the deceased alive on 5/3/1966, and that death occurred at // AM, from the causes and on the dat 22a. SIGNATURE	
	8 a	DIRE Bee 3	1	Merelle A. Baren M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D 6/1/	66
	Page 4 may	TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the St	1	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS	
	HOS	Firect	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY L23d. LOCATION (C)ty, town or county)	(State)
	2	2	-	PRIMOVAL (Specify) 6-3-66 R.B. Whaten man Parkally 19 24. FUNERAL DIRECTOR ADDRESS 1250, REC'D BY REGISTRAR 1250, REGISTRAR 12	MATHRE
	VR	AI5 (4)		24. FUNERAL DIRECTOR  ADDRESS	udge
	20 N	1/65	) de	The state of the s	



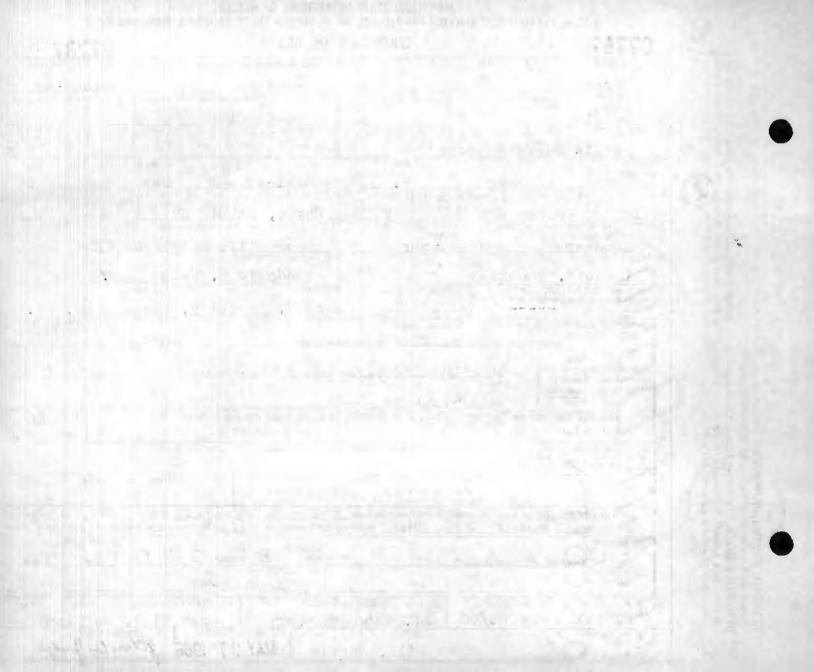
1 (1)	Item 20 Film G377 6/6 MARYLAND STATE DEPARTMENT OF HEALTH	
TOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	07745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALIN DEPT.	1. PLACE OF DEATH a. COUNTY, b. COUNTY 1 b. COUNTY 1 c. STATE A 1 c. STATE	Istien)
×± ° t∹	Worcester MARYLAND / / d WICOMIN	CO
ssar ay b tmer tmer	b. CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town)	town)
lay is necessary, 3 to the funeral Page 5 may be State Department ours after death.	Berlin  d. N STREET ADDRESS  e. INSTITUTION (If not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESID	TENCE
y is reported by the Doron age.	ON A FA	
Page State hours	Berlin Md. Spring Hill Rd. YES N  3. NAME OF First Middle / Lest O 14. DATE Month Day Yeer	10
my d my d ma. ma.	OF Crype or print) Omor Harmon Harmon DEATH 5 25 196	6
2-1- A	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 2	24HRS.
form ( Mark)	MIDOWED DIVORCED December 13, 1907 58 yrs.	Min.
er dea live Pa with I and event	10a. USUAL OCCUPATION (Give kind of work done of the local line) 10b. KIND OF BUSINESS OR during most of working life, even if retired)   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
after Giv ng v	Laborer Timber work Maryland U.S.A.	
ours aftur 18. Ge a along pages 1 in any	13. FATHER'S NAME	
24 hour lifem of file pand	Charles Harmon Laura Hudson  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
s on s of	(Yes, no, or unknown) (If yes give war or dates of service)	
within 2 pencil in miner's permit.	No   Nellie Harmon 706 Moor St. Salis Me   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	VEEN
kami kami it p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Internal Int	HTA
uld be executed I "pending" in Medical Exan a burial-transit cremation, or i	9108 DUE TO D	
e ex andiic adica ial-t natii	Conditions, if eny, which   CC   CE NT	
f Map	gave rise to immediate cause (a), stating the DUE TO	
ficate shoul the word of the Chief used as a to burial,	Underlying cause last. ) (c) CC C C C C C C C C C C C C C C C C C	OPSV
ate whe were	PERFORM YES IN N	ED?
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delective the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Low your files.  LONECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wite the Si or its designated agent, prior to burial, cremation, or removal, and in any event writin 72 ho		
rithra ded	20a. EXTERNAL CAUSE WAS PRIMARY FO OF CONTRIBUTING   20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In. Part 1 or Part 1 of Item 18.)  CAUSE OF DEATH.   20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In. Part 1 or Part 1 o	ing
ER: This cercate, writin forwarded 3 should l agent, pri	THE OF INITIAL AND INITIAL MONTH DAY YEAR   20d INITIAL AND DIACE OF INITIAL AND SAME OF INITIAL AND I	ate)
E day	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (St. 2:00 Mile	
AMII ertificite fd b rd b Pag nate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry X_, and In my Di	pinion
the certificate certificate the certificate that th	death resulted from: Natural causes Accident X, Suicide , Homicide , Undetermined manner	
EDICA unte ti your your jits d	ACTUAL CONTRACTOR STANDARD CHIEF MEDICAL EXAMINER (1) 22. DATE ST	GNED
Y MED Execut Fage for y for y AL DII	M.D. ASSISTANT MEDICAL EXAMINER ACTING  M.D. DEPUTY MEDICAL EXAMINER ACTING  M.D. DEPUTY MEDICAL EXAMINER ACTING	-66
DEPUTY MEDICAL EXCesses execute the crector. Page 4 shour files. FUNERAL DIRECTOR:		er
DEPUTY MEDIC flease execute director. Page. retained for you FUNERAL DIRE	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY DR CREMATORY   23d. LOCATION (City, town or county) (Ste	
5 4 5 5 5	Buria 5/29/1966 ST. Mayrs Church West Post Office	ld.
the same of	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	
VR A15ME 3500 4-64	Chif F. Itelwood bales good, MIN I 1966 generales Judge	



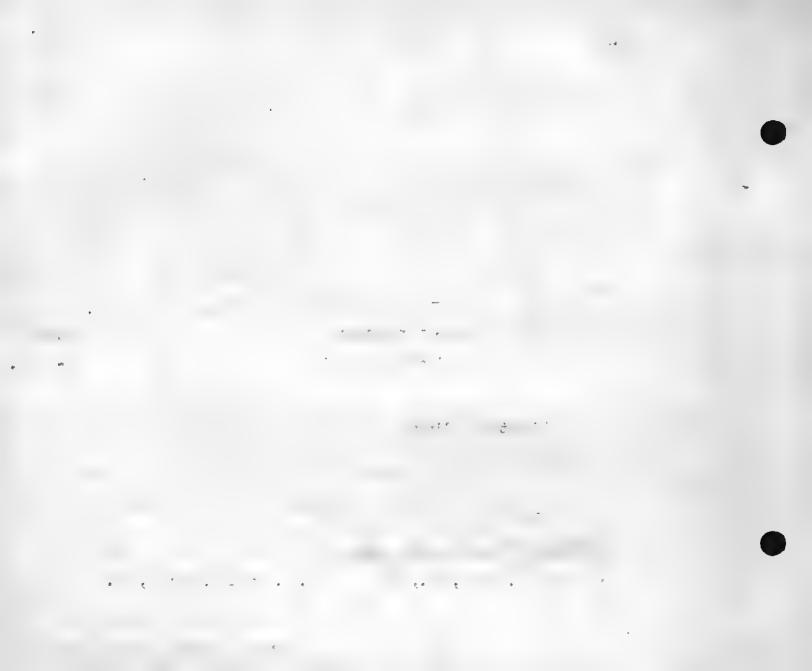
128	MARYLAND STATE DEPARTMENT OF HEALTH
OR STATE	OTTLE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07736
TH DEPT.	1. PLACE OF DEATH
To IV	a. COUNTY LI DUCESCES MARYLAND B. STATE Mary Cand b. COUNTY Las portos
-	CITY OR TOWN (If outside corporate lights c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
death.	Kuruy Jury Dull 25 yrs Dury Dury Du
00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  4. STREET ADDRESS  ON A FARM YES TO NO STREET ADDRESS  VESTOR OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)
	3. NAME OF Less 4. DATE Month Dey Year OF OF OF
	(Type or print) Tarold W. Parker DEATH May 19 1964
	5. SEX  1. COTOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NO. 2 4 HRS  1. AGE (In year) If UNDER 1 YEAR IF UNDER 24 HRS  1. AGE (In year) If UNDER 1 YEAR IF UNDER 24 HRS  1. AGE (In year) Months Deys  Hours Min.  1. AGE (In year) Hours Min.  1. AGE (In year) Hours Min.
	10a., USUAL OCCUPATION (Give kind of work of the first of working of the first of th
	Allender Der Hallon Handua, Vie Ul-34.
	13. TATHER'S MAIDEN NAME R
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
and	(Yas, no, or unkown) (Hyas give war ge dates of service) 220-16-7620 Ellegibelly Parker Surv Hell, My
-	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART L. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
remova	IMMEDIATE CAUSE (a) CUE TO NO POUND
	Conditions, if any, which (b)
	geva rise to immediate cause [a], stafing the underlying  DUE TO
	EDUDO lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS
2	Goute alasholism (?)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS' PERFORMED?  VES NO  20b. EXTERNAL CAUSE WAS PRIMARY D'OF CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Ifem 18.)  CAUSE OF DEATH.
	Tool Long.
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)  Hour s.m.   Mct 19 ( et work at work at work 1 3
1	21. I dertify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
	death resulted from: Natural causes . Accident Suicide . Homicide . Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE  EXAMINER'S  DA OLO DEPUTY MEDICAL EXAMINER TO STATE - LOC
d	NAME (Type)  Address (Street, city, fown, or county)
	22a. DURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHIMATORY 221 LOCATION (City, town, or county) (Stote)
	23. PUNERAL DIRECTOR ADDRESS SOLD 2%. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Chatrembles allower, the MAY 6 1966 Milandes Judge

property of the first of the fi PLANTER THE PROPERTY OF THE STREET FIRE

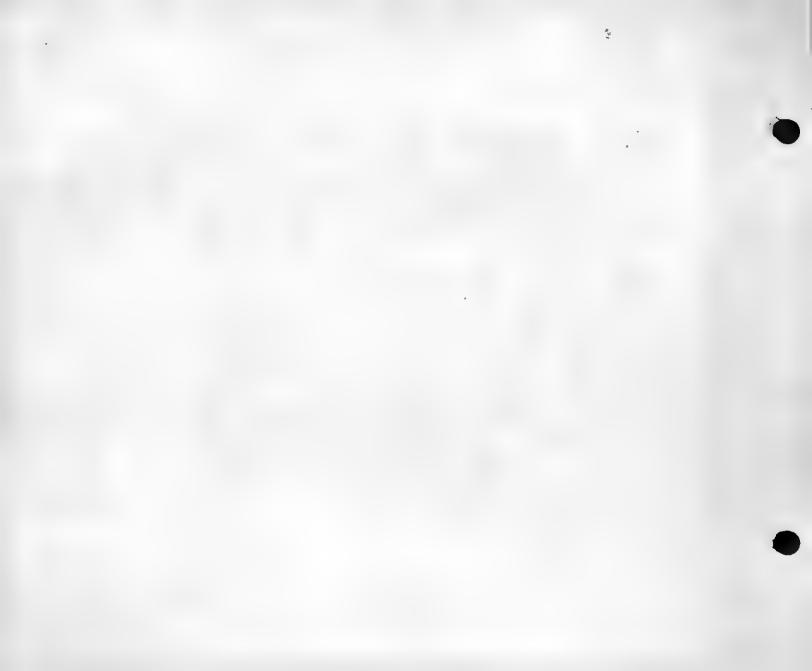
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07747 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Worcester MARYI AND Worcester CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawπ) CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Berlin Ocean City e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS physician and campletely filled in YES NO T Berlin Nurseing Home 3. NAME OF Middle 4. DATE arban Lost Month Day Year DECEASED (Type or print) 19 66 Shocklev Homer DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH remave a 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Hours DIVORCED WIDOWED White May 4. 1899 Male 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT **COUNTRY?** during most of working life, even if retired) INDUSTRY Laborer Snow Hill. Maryland Nurserv 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac W. Shockley Thedosia E. Hales 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, prunknown) (If yes give war ar dates of service) 9 217102370 Anna G. Shockley, Ocean City, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO rdets & Endo cardit Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. af 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While While of work of work 21. 1 certify that (1) (this haspital) attended the deceased fram 5=5-, 196c, ta 5-23-, 196s, that (1) (we) last saw the deceased alive an 3-23-, 196c, and that death accurred at 11.50 M, fram causes and an the date stated above. 4 may be retained 22b. DATE SIGNED 220. SIGNATURE ATTENDING has R Lew 5-25- 1966 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f Berlin med NAME (Type) 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 26/66 Mt. Zion Cemetery Snow Hill. Maryland Mav 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Snow Hill, Maryland and



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY n and completely filled in by the 1 remove carbon papers. Pages 1 In any event, within 72 hours after Wordester MARYLAND darvland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Whalevville Whalevville Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO T YES -XX executed within 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED DEATH May 19 (Type or print) Selina Smack .966 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED limt birthdey) Months ! Days Hours Female Colored June WIDOWED ! DIVORGED : 1905 60 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY Own Home Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova been signed by the attending, the burial-transit permit. The ir to burial, cremation, or remo Unknown M1111a Jarman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. IMFDRMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 219-07-936 Henry Smack Whalevvolle, Ma INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Carebral Thrombosis Instant OR ATTENDING PHYSICIAN: The law requires that the setained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Essential Hypertension Conditions, if eny, which (b) gave rise to immediate as the prior to DUE TO (a), stating underlying cause last. certificate has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Diabetes mellitus NO THE YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached f State Dept. of MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After 1 Not While at work \_\_\_ at work FOR HOSPITAL PAGE TO THE FORM AND TO FUNERAL DIRECTOR, After Alrector, page 3 should by the Standard with the Standard W Z/15/66<sub>10</sub> attended the deceased from that (I) AVI last 21. I certify that (I) (this heapite) 19 and that death occurred at 5 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22e. SIGNATURE MED. STAFF PHYS. 5/6/66 M.U. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ivorv U. Sully. Jr. P. O. Box 126. Berlin. Md. BURIAL, CREMATION, BREMOVAD (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Pulletts Chane ] REC'D BY REGISTRAR | Z 250, RECEISTINGS SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



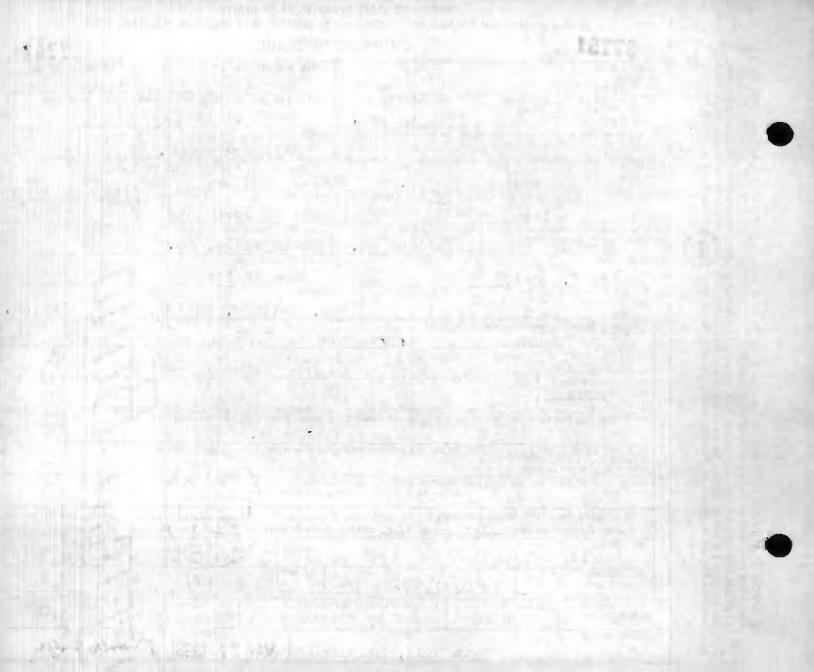
\$ 1 (M		MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland
FOR STATE	7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	_	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
		Worcester Maryland Worcester
ssary ay by tmen leath	V	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)
he fur cepar ter c	14	d. NAME OF HOSPITAL OR INSTITUTION (If pot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
or delay is necessary, and 3 to the funeral is. Page 5 may be state Department 2 hours after death.	1	Flm Street Flm Street VES NO NO FARM?
dela ind 3 . Po fou fou	ا ع ئ.	NAME OF 2 First Middle Last 14 DATE Month Day Year
575 27	_	(Type or print) TEVOI 1966
A TO THE PERSON NAMED IN COLUMN NAMED IN COLUM	5.	Months Days Hours Min.
with family and a event	10	a USUAL OCCUPATION (Give kind of work done) 10b, Kind OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Give Give g w y ev	GI	Mil Work Mil Work Virginia U.S.A.
ours aft n 18. G e along pages 1 in any	13	FATHER'S NAME
14 hour rem Office File p	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
in 24 s or it. F	Ü	ves World War I 221-09-0592 Wm J. Thornton Penns grove, N.J.
within 2 pencil in miner's ( permit.	-	1/18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).]
uld be executed "pending" in 1 f Medical Exan a burial-transit I cremation, or 1		IMMEDIATE CAUSE (a) DILLIC WOUNG - SELL IN) ICLES
exectional ical ical		Conditions, if any, which \ (a)
The Med Med Med Tem:		gave rise to immediate cause (a), stating the DUE TO
hould ord shief shief sal, c		underlying cause last. (c)
ficate shoul the word the Chief or the Chief used as a to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMEO?   YES    19. WAS AUTOPSY   19. WAS AUTOPSY   YES    19. WAS AUTOPSY   19. WAS AUTOPSY   YES    19. WAS AUTOPSY
tifica the to the to the series	IFIC	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
vritir vritir rded uld h	CERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, page 4 should be forwarded to the Chief Medical Examiner's Office along with for or your files.  L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 8-n or its designated agent, prior to burial, cremation, or removal, and in any event with	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of factory, street, office bldg., etc.) (City or town) (State)
INER liffica be f ige 3	MEC	
AL EXAMINE the certification of should be in files. CTOR: Page		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
TEDICAL EX.  Cute the content of your files DIRECTOR: I its design		CO OD O S CHIEF MEDICAL EXAMINER
FY MEDICA execute the Page of Fage of		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ACTING DEPUTY MEDICAL EXAMINER ACTING 5-14-66
> × - ==		EXAMINER'S Clifford E. Schott, M. D. Address (Street, city, town, or county) Worcester
D DEPUT Blease e director. retained D FUNER of Health	23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direction of the state of the s	-5	BRITIAL SOCIETY 5-16-66 Sand HIII Cemetery Goorge Town Del A. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME	1	Anna A. Burbage Berlin Md. MAY 17 1966 goliarles Judges
3500 4-64	14	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF GEATH 8. COUNTY a. STATE Maryland papers. Pages 1 shin 72 hours after o Worcester Worcester by the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Berlin Berlin completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within . Flower Street NO X executed within arbon NAME OF First Middle Last DATE Month Day Year **OECEASEO** LILLIE TINGLE 19 66 May 10 (Typa or print) DEATH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED [ last birthday) Months Days 30~1896 Female Negro WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please by to burial, cremation, or removal, and in death certificate be Percester 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOCUM Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH 3 1/2 yrs PART I. DEATH WAS CAUSED BY: Cardiovascular Disease Hypertensive O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. VIS IMMEDIATE CAUSE (a) DUE TO Chronic nephritis 3 yrs Conditions, If any, which (b) gava rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, certificate has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health ( PERFORMED? Senility NO IX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 FUNERAL DIRECTOR: After this ricector, page 3 should be detach outld be filed with the State Dept MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 66 21. I certify tax (I) (this hospital) attended the deceased from 66 AM, from the causes and on the date stated above. and that death occurred at saw the deceased alive on SICWATURE DATE SIGNED MED. DIRECTOR 5/11/66 ATTENDING PHYSICIAN 22d. ADDRESS 22c. director, p should be 1 NAME (Type) Box 126, Berlin. Md. Sully. 0. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) GALERONALESS referan 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS h 25a. REC'D BY REGISTRAR I VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97751 CERTIFICATE OF DEATH and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then place, remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Maryland Worcester MARYLAND Worcester b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Ocean City Ocean City vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Golf Course Rd. YES NO K 3. NAME OF 4. DATE Middle Lost Month Day Year DECEASED 22 1966 May B. Whaley James (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours White WIDOWED DIVORCED April 10 1893 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Insurance Co. Whaleyville, Md. Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edna Staton Benton H. Whaley 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service Ö Mrs. Emily U. Whalev. City, Md. Ocean Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p WSET AND DEAL IMMEDIATE CAUSE (o) the haspital ar attending physician 01 DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS? PERFORMED? for use 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING THEAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased from 9 196(, that (I) (we) last Page 4 may be retained 619 66, and that death accurred at MA M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, par NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) BUTTE (Specify) 5/24/66 Whaleyville, Maryland Whalev Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRESS 20 M 1/68 Snow Hill, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH wours after death PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND C LENGTH OF STAY IN 16 c. CAYLOR TOWN (If outside carparate limits, write RURAL and give negrest tawn) CITY OR TOWN (If autside by papers. P filled in I IS RESIDENCE not h haspital give street address) d. STREET ADDRESS ON A FARM 30 YES NO and in any event, within certificate be executed within NAME OF Middle DATE remave carbon First Last. Month Dov Year campletely DECEASED (Type or print) DEATH 19 IF UNDER 24 HRS. COLOR OR RACE (In years 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)

13. FATHER'S MAME 10b. KIND, OF BUSINESS OR 12. CITIZEN OF WHAT physician o 14. MOTHER'S MAIDEN NA burial, crematian, ar remaval, attending phys McCAbe 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, 30, afunknown) (If yes give war ar dates of service) permit. CAUSE OF DEATH (Enter only one couse per line for (a), (b) INTERVAL BETWEEN signed fly the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to lost. has l 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or rown) (State) TIME OF INJURY Month, Day, Year 20f. (County) factory, street, office bldg., etc.) Hour o.m. Not While at work Page 4 may be retained by 21. I certify that (1) (this hespital) attended the deceased fram. \_, that {I} 3 should M. from causes and on the date stated above. saw the deceased alive on 1966, and that death accurred 22b. DATE SIGNED 22a. SIGNATURO ATTENDING PHYS. - DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City or Town) 23g. BURIAL, CREMATION, (Stote) THEREOF (County) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 15b. REGISTRAR'S' SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

